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| | | | | 5888510 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UTILITY SERIAL NUMBER | | PATENT DATE | | PATENT NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08/817,084 | | MAE 30 1996 | | 5888510 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SERIAL NUMBER | | FILING DATE | CLASS | SUBCLASS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08/817,084 | | 04/07/97 | 424 | 141.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EXAMINER | | GROUP ART UNIT | 649 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TADAMITSU KISHIMOTO, TONDABAYASHI-SHI, JAPAN; MASAHIKO MIHARA, GOTENBA-SHI, JAPAN; YOICHIRO MORIYA, GOTENBA-SHI, JAPAN; YOSHIYUKI OHSGURI, GOTENBA-SHI, JAPAN. | | APPLICANT | | Vanderkugt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CONTINUING DATA***** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| AND A C1P OF 08/971,997 02/21/97 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **FOREIGN/PCT APPLICATIONS***** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VERIFIED JAPAN 6-244035 10/07/94 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JAPAN 5-180303 1/21/93 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JAPAN 5-210570 8/25/93 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>Foreign priority claimed</td> <td><input checked="" type="checkbox"/> yes <input type="checkbox"/> no</td> <td>35 USC 119 conditions met</td> <td><input checked="" type="checkbox"/> yes <input type="checkbox"/> no</td> <td>AS FILED</td> <td>STATE OR COUNTRY</td> <td>SHETS. DRWGS.</td> <td>TOTAL CLAIMS</td> <td>INDEP. CLAIMS</td> <td>FILING FEE RECEIVED</td> <td>ATTORNEY'S DOCKET NO.</td> </tr> <tr> <td colspan="5">Verifier's Initials</td> <td>JPX</td> <td>6</td> <td>8</td> <td>2</td> <td>\$910.00</td> <td>63466/200</td> </tr> </table> | | | | | Foreign priority claimed | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | 35 USC 119 conditions met | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | AS FILED | STATE OR COUNTRY | SHETS. DRWGS. | TOTAL CLAIMS | INDEP. CLAIMS | FILING FEE RECEIVED | ATTORNEY'S DOCKET NO. | Verifier's Initials | | | | | JPX | 6 | 8 | 2 | \$910.00 | 63466/200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table border="1"> <tr> <td colspan="2">FOLEY & LARDNER</td> <td colspan="2">WASHINGTON HARBOUR P O BOX 25696</td> <td colspan="2">10/13/96</td> </tr> <tr> <td colspan="2">WASHINGTON DC 20007-3696</td> <td colspan="2">3000 K STREET NW SUITE 500</td> <td colspan="2">10/13/96</td> </tr> </table> | | | | | FOLEY & LARDNER | | WASHINGTON HARBOUR P O BOX 25696 | | 10/13/96 | | WASHINGTON DC 20007-3696 | | 3000 K STREET NW SUITE 500 | | 10/13/96 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CHRONIC RHEUMATOID ARTHRITIS THERAPY CONTAINING IL-6 ANTAGONIST AS EFFECTIVE COMPONENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| U.S. DEPT. OF COMM./PAT. & TM—PTO-436 (Rev.12-94) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td colspan="2">PARTS OF APPLICATION FILED SEPARATELY</td> <td colspan="3">G. David W. Vanderkugt Applications Examiner</td> </tr> <tr> <td colspan="2">NOTICE OF ALLOWANCE MAILED</td> <td colspan="3">F. Pierre Vanderkugt Assistant Examiner</td> </tr> <tr> <td colspan="2">10/13/96</td> <td colspan="3">Claims Allowed</td> </tr> <tr> <td colspan="2"></td> <td colspan="3">Total Claims 11 Print Claim 11</td> </tr> <tr> <td colspan="2">ISSUE FEE</td> <td colspan="3">Drawing</td> </tr> <tr> <td>Amount Due</td> <td>Date Paid</td> <td colspan="3">David W. Vanderkugt DAVID SAUNDERS PRIMARY EXAMINER ART UNIT 182/644</td> </tr> <tr> <td>1320</td> <td>10-30-96</td> <td colspan="3">Sheets Drwg. 6 Figs. Drwg. 7 Print Fig. NONE</td> </tr> <tr> <td colspan="2">Label Area</td> <td colspan="3">ISSUE BATCH NUMBER K42</td> </tr> <tr> <td colspan="5">PHEPARED FOR ISSUE</td> </tr> <tr> <td colspan="5">WARNING: The information disclosed herein may be restricted. Unauthorized disclosure may be prohibited by the United States Code Title 35, Sections 122, 181 and 368. Possession outside the U.S. Patent & Trademark Office is restricted to authorized employees and contractors only.</td> </tr> </table> | | | | | PARTS OF APPLICATION FILED SEPARATELY | | G. David W. Vanderkugt Applications Examiner | | | NOTICE OF ALLOWANCE MAILED | | F. Pierre Vanderkugt Assistant Examiner | | | 10/13/96 | | Claims Allowed | | | | | Total Claims 11 Print Claim 11 | | | ISSUE FEE | | Drawing | | | Amount Due | Date Paid | David W. Vanderkugt DAVID SAUNDERS PRIMARY EXAMINER ART UNIT 182/644 | | | 1320 | 10-30-96 | Sheets Drwg. 6 Figs. Drwg. 7 Print Fig. NONE | | | Label Area | | ISSUE BATCH NUMBER K42 | | | PHEPARED FOR ISSUE | | | | | WARNING: The information disclosed herein may be restricted. Unauthorized disclosure may be prohibited by the United States Code Title 35, Sections 122, 181 and 368. Possession outside the U.S. Patent & Trademark Office is restricted to authorized employees and contractors only. | | | | |
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| NOTICE OF ALLOWANCE MAILED | | F. Pierre Vanderkugt Assistant Examiner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10/13/96 | | Claims Allowed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Total Claims 11 Print Claim 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Form PTO-436A (Rev. 8/92) CC 10/13/96 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |